

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000081032

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** DENTAL ASSOCIATES AT HEATHROW, P.A.

**Current Principal Place of Business:**

120 INTERNATIONAL PKWY., SUITE 264  
HEATHROW, FL 32746

**New Principal Place of Business:**

120 INTERNATIONAL PARKWAY  
SUITE 264  
HEATHROW, FL 32746

**Current Mailing Address:**

120 INTERNATIONAL PKWY., SUITE 264  
HEATHROW, FL 32746

**New Mailing Address:**

120 INTERNATIONAL PARKWAY, SUITE 264  
HEATHROW, FL 32746

**FEI Number:** 59-3739795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANIEL, KATHRYN M DMD  
120 INTERNATIONAL PKWY., SUITE 264  
HEATHROW, FL 32746 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** DANIEL, KATHRYN M  
**Address:** 120 INTERNATIONAL PKWY., SUITE 264  
**City-St-Zip:** HEATHROW, FL 32746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KATHRYN M DANIEL, DMD

PSTD

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date